

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE					
								APPLICANT(S)						
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	3						
2	/						52	3						
3	/						53	3						
4	3						54	3						
5	3						55	3						
6	3						56							
7	3						57							
8	3						58							
9	5						59							
10	3						60							
11	1						61							
12	1						62							
13	1						63							
14	1						64							
15	1						65							
16	3						66							
17	2						67							
18	13						68							
19	4						69							
20	5						70							
21	13						71							
22	13						72							
23	13						73							
24	13						74							
25	15						75							
26	15						76							
27	15						77							
28	15						78							
29	15						79							
30	1						80							
31							81							
32							82							
33							83							
34	1						84							
35	5						85							
36	13						86							
37	13						87							
38	3						88							
39	3						89							
40	3						90							
41	3						91							
42	3						92							
43	3						93							
44	3						94							
45	3						95							
46	3						96							
47	3						97							
48	1						98							
49	11						99							
50	11						100							
TOTAL IND.							TOTAL IND.	8						
TOTAL DEP.							TOTAL DEP.	193						
TOTAL CLAIMS							TOTAL CLAIMS	101						

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